

Utilization Review... Best Practices

DWC 14th Annual Educational Conference
Oakland Marriott March 5-6, 2007
Douglas Benner, MD



KAISER PERMANENTE.

UR Best Practices...When it Goes Well PTP Role

- Primary Treating Physician (PTP) makes the request in writing...confirms Secondary Physician
- PTP is specific on what is being requested
 - Physical Medicine: Goals, # of Visits, Duration
- PTP gives justification and reason for requests...ACOEM justification
- PTP elaborates if not readily justified by ACOEM

KAISER PERMANENTE.

UR Best Practices...When it Goes Well Claims and UR Role

- Response to requesting PTP quickly and in writing (meet 5 day requirement)
- If UR staff or physician have questions they are clear, justified and they make calling them back easy with available time slots
- Denials and Modifications are in writing, by a physician, with ACOEM specific justifications and contact information to discuss

KAISER PERMANENTE.


UR Requires Multi-Point Contacts

- PTP, Claims, UR Staff, UR Physician
- Who can throw a YELLOW FLAG in air: ALL
- Communication, communication, communication
- Written documentation of all verbal agreements...
- Keep ahead of the clicking clock

 KAISER PERMANENTE.

Fast Tracking

- Too much being spent on things approved more than 95% of the time
- Imaging for Red Flag concerns
- Physical Therapy: first 6-8 or 10-12 post op
- First pain prescriptions for 10-14 days
- Basic lab in first 90 days
- Chiropractor referral: first 30 days of a back injury
- Referral to specialist for care outside PTP's scope

 KAISER PERMANENTE.

Future???

- Less UR wasted
- More Fast Tracking
- New guidelines for chronic pain, etc
- Pre-authorization standards for select physicians or selective MPN networks
- Appeals to UR going to Independent Medical Review boards instead of non-medical judges at DWC

 KAISER PERMANENTE.
